

2/18/94

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>3. Article Addressed to:</p> <p>LINDA BISHOP SEATTLE FIRST NATIONAL BANK LETTER OF CREDIT DEPT 800 FIFTH AVE FLOOR 31 SEATTLE WA 98104</p>	<p>4. Article Number</p> <p>P 074 978 888</p> <p>Type of Service:</p> <table> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent</p> <p>X</p>							
<p>7. Date of Delivery</p> <p>FEB 22 1994</p>							

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

DOGM

JJB

M/049/006 & M/057/003

2/18/94

<p>P 074 978 888</p>	<p>RETURN FOR CERTIFIED MAIL (OR INSURANCE COVERAGE PROVIDED WITH OTHER INTERNAL MAIL)</p>	<p>(See Reverse)</p>	<p>TO: LINDA BISHOP SEATTLE FIRST NATIONAL LETTER OF CREDIT DEPT 800 FIFTH AVE FLOOR 31 SEATTLE WA 98104</p>	<p>POSTAGE</p>	<p>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</p>	<p>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</p>	<p>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</p>	<p>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</p>	<p>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</p>
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Form 3800 June 1980